GUINEA   **Total confirmed cases (by week, 2015)**   LIBERIA

SUMMARY

- No confirmed cases of Ebola virus disease (EVD) were reported in the week to 6 December. Investigations are continuing into the origin of infection of the cluster of 3 confirmed cases of EVD reported from Liberia in the week to 22 November, with a working assumption that the cluster arose as a result of a rare re-emergence of persistent virus from a survivor. The first-reported case in that cluster was a 15-year-old boy who tested positive for EVD after admission to a health facility in the Greater Monrovia area on 19 November. He was then transferred to an Ebola treatment centre along with the 5 other members of his family. Two other members of the family – the boy's 8-year old brother and his 40-year-old father – subsequently tested positive for EVD whilst in isolation. Both tested negative twice for Ebola virus on 3 December. The 15-year-old boy died on 23 November. In addition to the family of the first-reported case, 165 contacts have been identified, including 15 high-risk contacts. Contacts are now in the third week of their 21-day follow-up period.

- On 7 November WHO declared that Sierra Leone had achieved objective 1 of the phase 3 framework, and the country has now entered a 90-day period of enhanced surveillance scheduled to conclude on 5 February 2016. As of 6 December it had been 20 days since the last EVD patient in Guinea received a second consecutive EVD-negative blood test. The last case in Guinea was reported on 29 October 2015.

- The recent cases in Liberia underscore the importance of robust surveillance measures to ensure the rapid detection of any reintroduction or re-emergence of EVD in currently unaffected areas. In order to achieve objective 2 of the phase 3 response framework – to manage and respond to the consequences of residual Ebola risks – Guinea, Liberia, and Sierra Leone have each put surveillance systems in place to enable health workers and members of the public to report any case of illness or death that they suspect may be related to EVD to the relevant authorities. In the week to 6 December, 19 864 such alerts were reported in Guinea, with alerts reported from all of the country's 34 prefectures. Equivalent data are not currently available for Liberia. In Sierra Leone, 1420 alerts were reported from all 14 districts in the week ending 15 November (the most recent week for which data are available).

- As part of each country's EVD surveillance strategy, blood samples or oral swabs should be collected from any live or deceased individuals who have or had clinical symptoms compatible with EVD. In the week to 6 December 8 operational laboratories in Guinea tested a total of 582 new and repeat samples from 12 of the country's 34 prefectures. 84% of all samples tested in Guinea were swabs collected from dead bodies. By contrast, 82% of the 1020 new and repeat samples tested in Liberia over the same period were blood samples collected from live patients. In addition, all 15 counties in Liberia submitted samples for testing by the country's 5 operational laboratories. 1363 new samples were collected from all 14 districts in Sierra Leone and tested by 8 operational laboratories. 95% of samples in Sierra Leone were swabs collected from dead bodies.

- 964 deaths in the community were reported from Guinea in the week to 6 December through the country's alert system. This represents approximately 43% of the 2248 community deaths expected based on estimates of the population and a crude mortality rate of 11 deaths per 1000 people per year. Equivalent data are not yet available for Liberia. In Sierra Leone, 1282 reports of community deaths were received through the alert system during the week ending 15 November (the most recent week for which data are available), representing approximately 62% of the 2075 deaths expected each week based on estimates of the population and a crude mortality rate of 17 deaths per 1000 people per year.

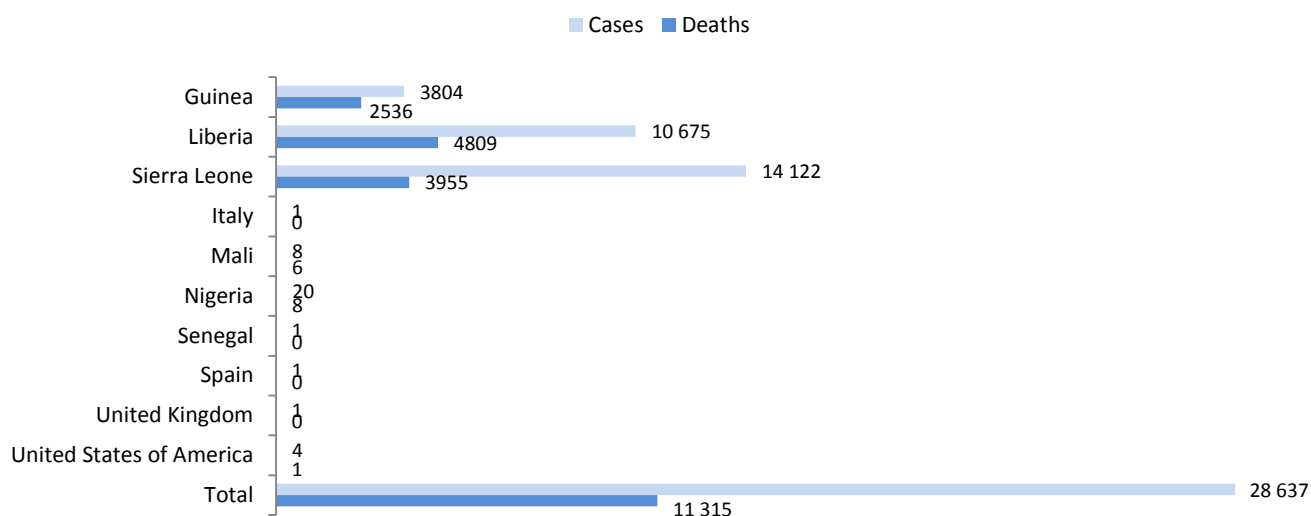**Figure 1: Confirmed, probable, and suspected EVD cases worldwide (data up to 6 December 2015)**

■ Cases ■ Deaths

Country	Cases	Deaths
Guinea	3804	2536
Liberia	10 675	4809
Sierra Leone	14 122	3955
Italy	1	0
Mali	8	6
Nigeria	20	8
Senegal	1	0
Spain	1	0
United Kingdom	1	0
United States of America	4	1
Total	28 637	11 315

Table 1: Confirmed, probable, and suspected cases in Guinea, Liberia, and Sierra Leone

Country	Case definition	Cumulative cases	Cases in past 21 days	Cumulative deaths
Guinea	Confirmed	3351	0	2083
	Probable	453	*	453
	Suspected	0	*	‡
	Total	**3804**	**0**	**2536**
Liberia**	Confirmed	3151	-	‡
	Probable	1879	-	‡
	Suspected	5636	-	‡
	Total	**10 666**	**-**	**4806**
	Confirmed	9	3	3
	Probable	*	*	‡
	Suspected	‡	*	‡
	Total	**9**	**3**	**3**
Sierra Leone§	Confirmed	8704	0	3589
	Probable	287	*	208
	Suspected	5131	*	158
	Total	**14 122**	**0**	**3955**
Total	Confirmed	15 215	3	‡
	Probable	2619	*	‡
	Suspected	10 767	*	‡
	Total	**28 601**	**3**	**11 300**

Data are based on official information reported by ministries of health. These numbers are subject to change due to ongoing reclassification, retrospective investigation and availability of laboratory results. *Not reported due to the high proportion of probable and suspected cases that are reclassified. ‡Data not available. **Cases reported before 9 May 2015 are shaded blue. Due to ongoing surveillance and retrospective validation of cases and deaths, these totals may be subject to revision. §Sierra Leone was declared free of Ebola virus transmission in the human population on 7 November 2015, and has now entered a 90-day period of heightened surveillance.

PHASE 3 RESPONSE FRAMEWORK

▪ 28 601 confirmed, probable, and suspected cases have been reported in Guinea, Liberia, and Sierra Leone, with 11 300 deaths (table 1; figure 2) since the onset of the Ebola outbreak. The majority of these cases and deaths were reported between August and December 2014, after which case incidence began to decline as a result of the rapid scale-up of treatment, isolation, and safe burial capacity in the three countries. This rapid scale-up operation was known as phase 1 of the response, and was built on in the first half of 2015 during a period of continuous refinement to surveillance, contact tracing, and community engagement interventions. This period, termed phase 2, succeeded in driving case incidence to 5 cases or fewer per week by the end of July. This marked fall in case incidence signalled a transition to a distinct third phase of the epidemic, characterised by limited transmission across small geographical areas, combined with a low probability of high consequence incidents of re-emergence of EVD from reservoirs of viral persistence. In order to effectively interrupt remaining transmission chains and manage the residual risks posed by viral persistence, WHO, as lead agency within the Interagency Collaboration on Ebola and in coordination with national and international partners, designed the phase 3 Ebola response framework. The phase 3 response framework builds on the foundations of phase 1 and phase 2 to incorporate new developments in Ebola control, from vaccines and rapid-response teams to counselling and welfare services for survivors. The indicators below detail progress made towards attaining the two primary objectives of the phase 3 framework.

OBJECTIVE 1: RAPIDLY INTERRUPT ALL REMAINING CHAINS OF EBOLA TRANSMISSION

▪ As of 7 November objective 1 of the phase 3 response framework was achieved in Sierra Leone.

▪ As of 6 December it had been 20 days since the last EVD patient in Guinea received a second consecutive negative test for Ebola virus. Key performance indicators for objective 1 of the phase 3 response framework in Guinea are shown in table 4.

▪ The *Ebola ça suffit!* ring vaccination trial is continuing in Guinea and Sierra Leone, and has now been extended to Liberia following the country's recent cluster of cases. All rings comprised of contacts and contacts of contacts associated with confirmed cases now receive immediate vaccination with the rVSV-ZEBOV Ebola vaccine. On 1 September, the eligibility criteria for the trial were amended to allow the vaccination of children aged 6 years and above.

▪ Investigations are continuing into the origin of infection of the cluster of 3 confirmed cases of EVD reported from Liberia in the week to 22 November, with a working assumption that the cluster arose as a result of a rare re-emergence of persistent virus from a survivor. The first-reported case in that cluster was a 15-year-old boy who tested positive for Ebola virus after admission to a health facility in the Greater Monrovia area on 19 November. He was then transferred to an Ebola treatment centre along with the 5 other members of his family. Two other members of the family – the boy's 8-year old brother and his 40-year-old father – subsequently tested positive for EVD whilst in isolation. Both tested negative twice for Ebola virus on 3 December. The 15-year-old boy died on 23 November.

▪ In addition to the family of the first-reported case, 165 contacts have been identified, including 15 high-risk contacts. Contacts are now in the third week of their 21-day follow-up period.

Table 2: Cases and contacts by prefecture/county over the past 3 weeks

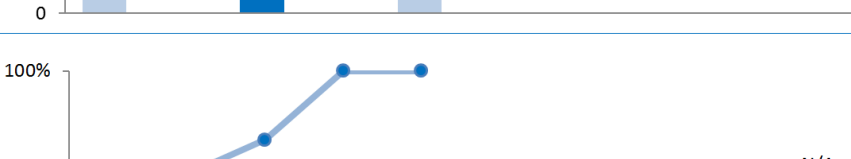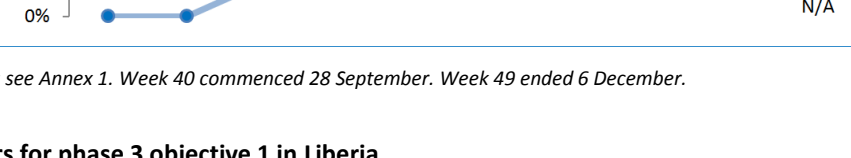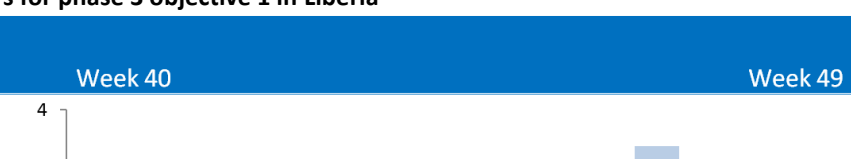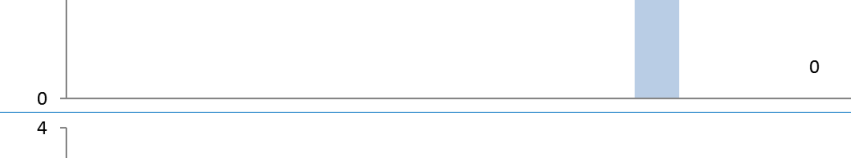| Country	Prefecture/ County	Week 47	Week 48	30 Nov	1 Dec	2 Dec	3 Dec	4 Dec	5 Dec	6 Dec	Week 49	Contacts under follow up*
Guinea	Forecariah	0	0	0	0	0	0	0	0	0	0	0
Subtotal		0	0	0	0	0	0	0	0	0	0	0
Liberia	Montserrado	3	0	0	0	0	0	0	0	0	0	165
Subtotal		3	0	0	0	0	0	0	0	0	0	165
Total		3	0	0	0	0	0	0	0	0	0	165
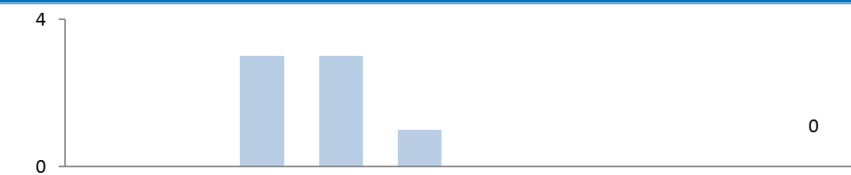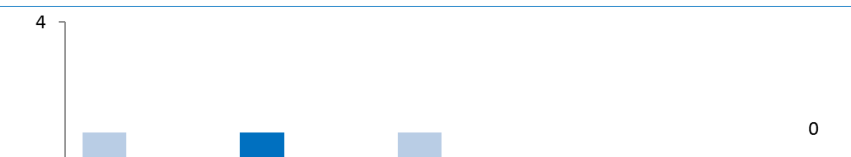
*Data are based on official information reported by ministries of health. These numbers are subject to change due to ongoing reclassification, retrospective investigation, and availability of laboratory results. *Data as of 6 December 2015.*

Table 3: Location and epidemiological status of confirmed cases reported in the 3 weeks to 6 December 2015

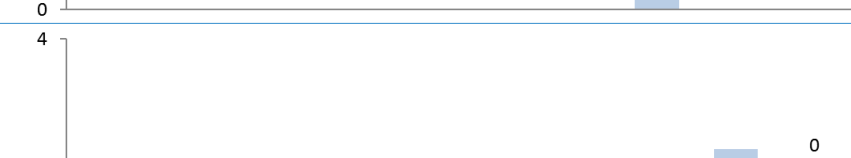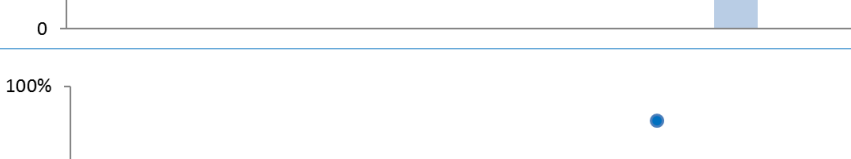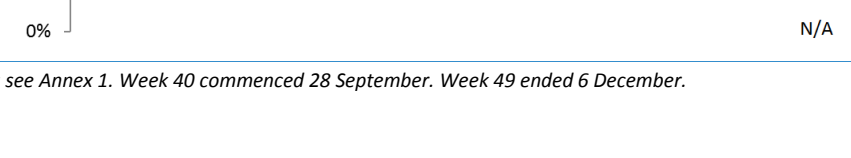| Country	Prefecture/ County	Sub-prefecture/ District	Week 47 (16 - 22 Nov 2015)	Week 48 (23 - 29 Nov 2015)	Week 49 (30 November - 6 December 2015)					Date of last confirmed case
					Cases	On contact list	Epi-link*	Unknown source of infection‡	Confirmed community death§	
Guinea	Forecariah	Kaliah	0	0						29/10/2015
Subtotal			0	0	0	0	0	0	0	
Liberia	Montserrado	Greater Monrovia	3	0						20/11/2015
Subtotal			3	0	0	0	0	0	0	
Total			3	0	0	0	0	0	0	

*Epi-link refers to cases who were not registered as contacts of a previous case (possibly because they refused to cooperate or were untraceable), but who, after further epidemiological investigation, were found to have had contact with a previous case, OR refers to cases who are resident or are from a community with active transmission in the past 21 days. ‡Includes cases under epidemiological investigation. §A case that is identified as a community death can also be registered as a contact, or subsequently be found to have had contact with a known case (epi-link), or have no known link to a previous case.

Table 4: Key performance indicators for phase 3 objective 1 in Guinea

| Indicator		Target
	Week 40 Week 49	
Number of confirmed cases		0
Number of confirmed deaths (total in light blue) and proportion that occurred in the community (dark blue)		0 0
Percentage of new cases from registered contacts		100%

For definitions of key performance indicators see Annex 1. Week 40 commenced 28 September. Week 49 ended 6 December.

Table 5: Key performance indicators for phase 3 objective 1 in Liberia

| Indicator		Target
	Week 40 Week 49	
Number of confirmed cases		0
Number of confirmed deaths (total in light blue) and proportion that occurred in the community (dark blue)		0 0
Percentage of new cases from registered contacts		100%

For definitions of key performance indicators see Annex 1. Week 40 commenced 28 September. Week 49 ended 6 December.

Figure 2: Geographical distribution of new and total confirmed cases in Guinea, Liberia, and Sierra Leone
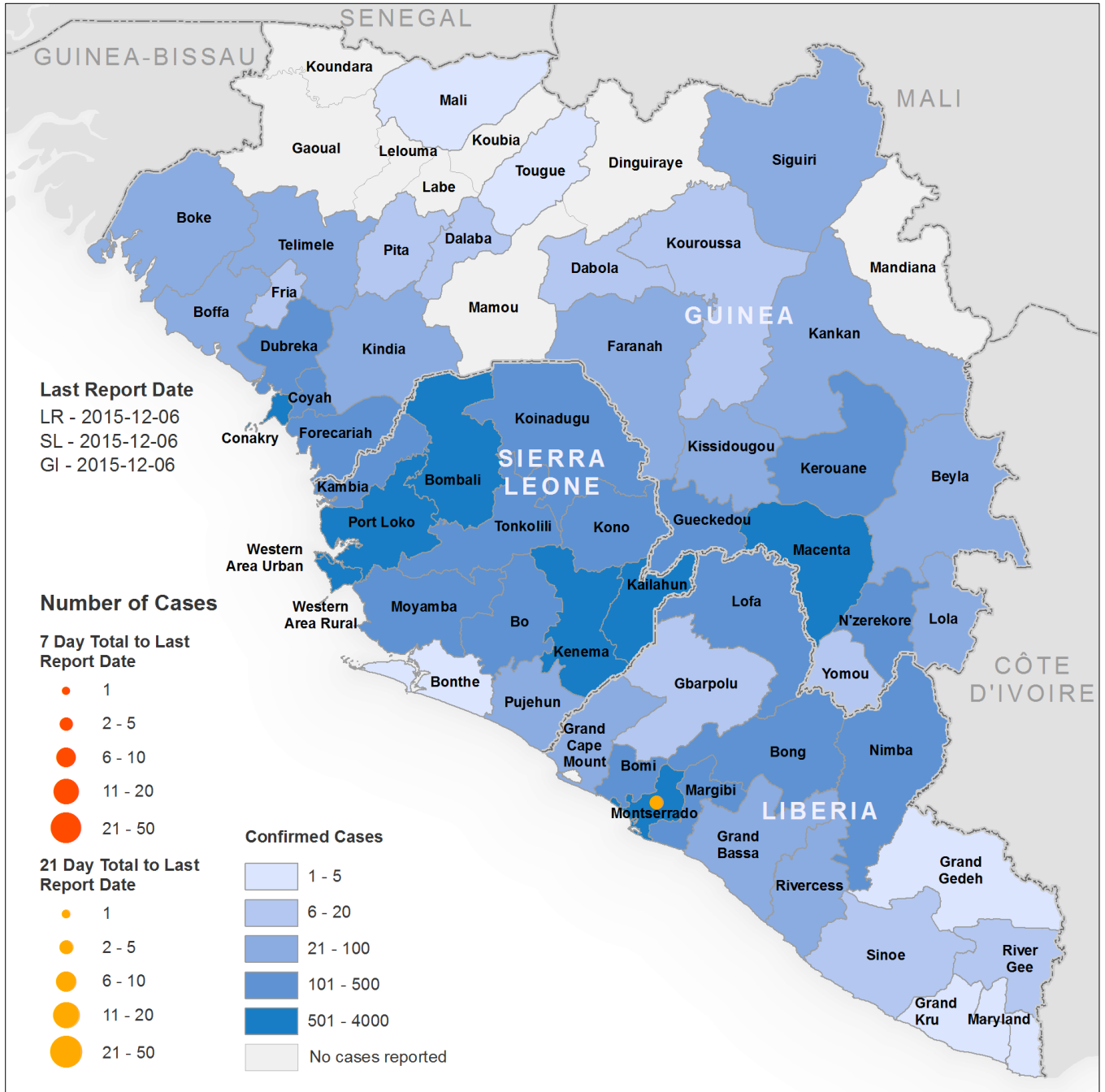
The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

Figure 3: Confirmed weekly Ebola virus disease cases reported nationally and by prefecture from Guinea
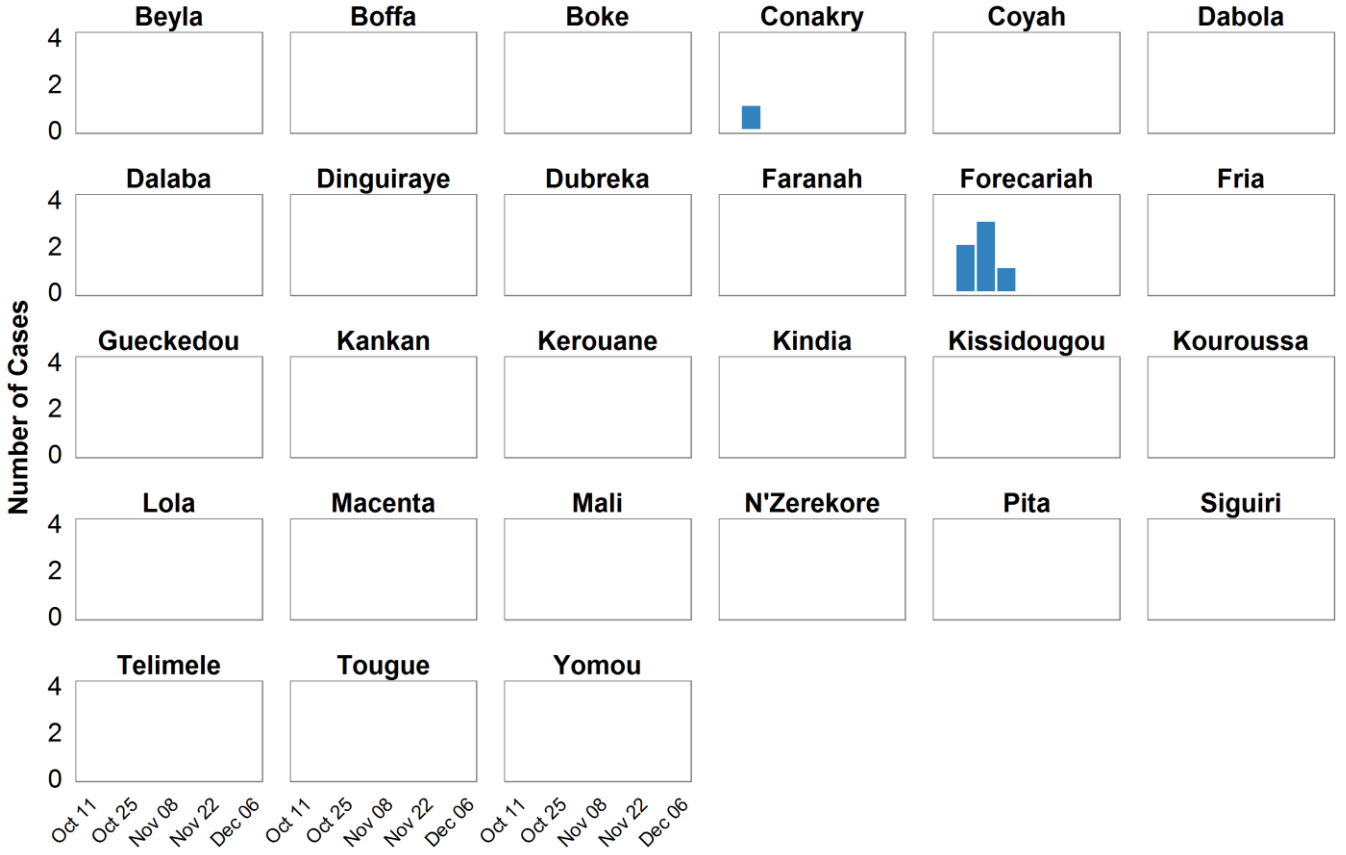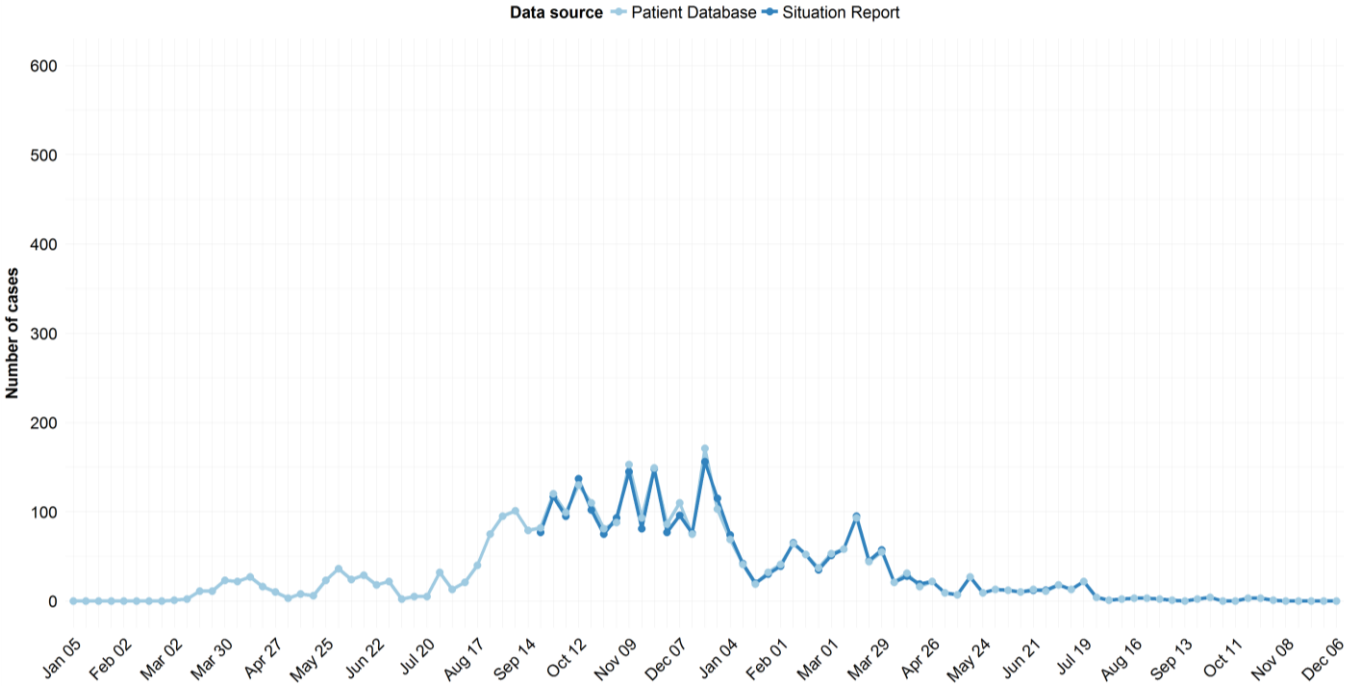
OBJECTIVE 2: MANAGE AND RESPOND TO THE CONSEQUENCES OF RESIDUAL EBOLA RISKS

- Key performance indicators for the surveillance component of objective 2 of the phase 3 response framework are shown for Guinea, Liberia, and Sierra Leone (table 6). Data for phase 3 indicators pertaining to service provision for survivors and rapid response capacity (annex 1 and annex 2) are being collected and will be included in subsequent situation reports.

- The recent cases in Liberia underscore the importance of robust surveillance measures to ensure the rapid detection of any reintroduction or re-emergence of EVD in currently unaffected areas. In order to achieve objective 2 of the phase 3 response framework – to manage and respond to the consequences of residual Ebola risks – Guinea, Liberia, and Sierra Leone have each put surveillance systems in place to enable health workers and members of the public to report any case of febrile illness or death that they suspect may be related to EVD to the relevant authorities. In the week to 6 December, 19 864 such alerts were reported in Guinea, with alerts reported from all of the country's 34 prefectures. Equivalent data are not currently available for Liberia. In Sierra Leone, 1420 alerts were reported from all 14 districts in the week ending 15 November (the most recent week for which data are available; table 6).

- As part of each country's EVD surveillance strategy, blood samples or oral swabs should be collected from any live or deceased individuals who have or had clinical symptoms compatible with EVD. In the week to 6 December, 8 operational laboratories in Guinea tested a total of 582 new and repeat samples from 12 of the country's 34 prefectures (table 6; figures 4 and 5). This represents a small decrease compared with the previous week, though the trend in the number of samples tested each week has remained flat for the past two months. 84% of all samples tested in Guinea were swabs collected from dead bodies. By contrast, 82% of the 1020 new and repeat samples tested in Liberia over the same period were blood samples collected from live patients. This is the fourth consecutive weekly increase in samples tested for Ebola virus in Liberia. In addition, all 15 counties in Liberia submitted samples for testing by the country's 5 operational laboratories. 1363 new samples were collected from all 14 districts in Sierra Leone and tested by 8 operational laboratories. This is a marginal increase compared with the previous week. 95% of samples in Sierra Leone were swabs collected from dead bodies (table 6; figures 4 and 5).

- 964 deaths in the community were reported from Guinea in the week to 6 December through the country's alert system (table 6). This represents approximately 43% of the 2248 community deaths expected based on estimates of the population and a crude mortality rate of 11 deaths per 1000 people per year. Equivalent data are not yet available for Liberia. In Sierra Leone, 1282 reports of community deaths were received through the alert system during the week ending 15 November (the most recent week for which data are available), representing approximately 62% of the 2075 deaths expected each week based on estimates of the population and a crude mortality rate of 17 deaths per 1000 people per year.

- The unprecedented scale of the EVD outbreak in Guinea, Liberia, and Sierra Leone means there are estimated to be several thousands of survivors throughout the three countries. Survivors have contributed enormously to many aspects of response, but they face many challenges. In addition to the stigmatization they frequently experience when they return to their own communities, survivors also face myriad health issues, from joint pains and headaches to problems with vision and poor mental health. Although there is a vibrant self-organised survivor-support community, survivors require specialized medical support as well as access to routine health care services such as ante-natal care and vaccinations and screening. With guidance from WHO and other partners, ministries of health in the three most-affected countries have plans in place to deliver a comprehensive package of services to ensure the welfare of survivors and mitigate risks posed by viral persistence.
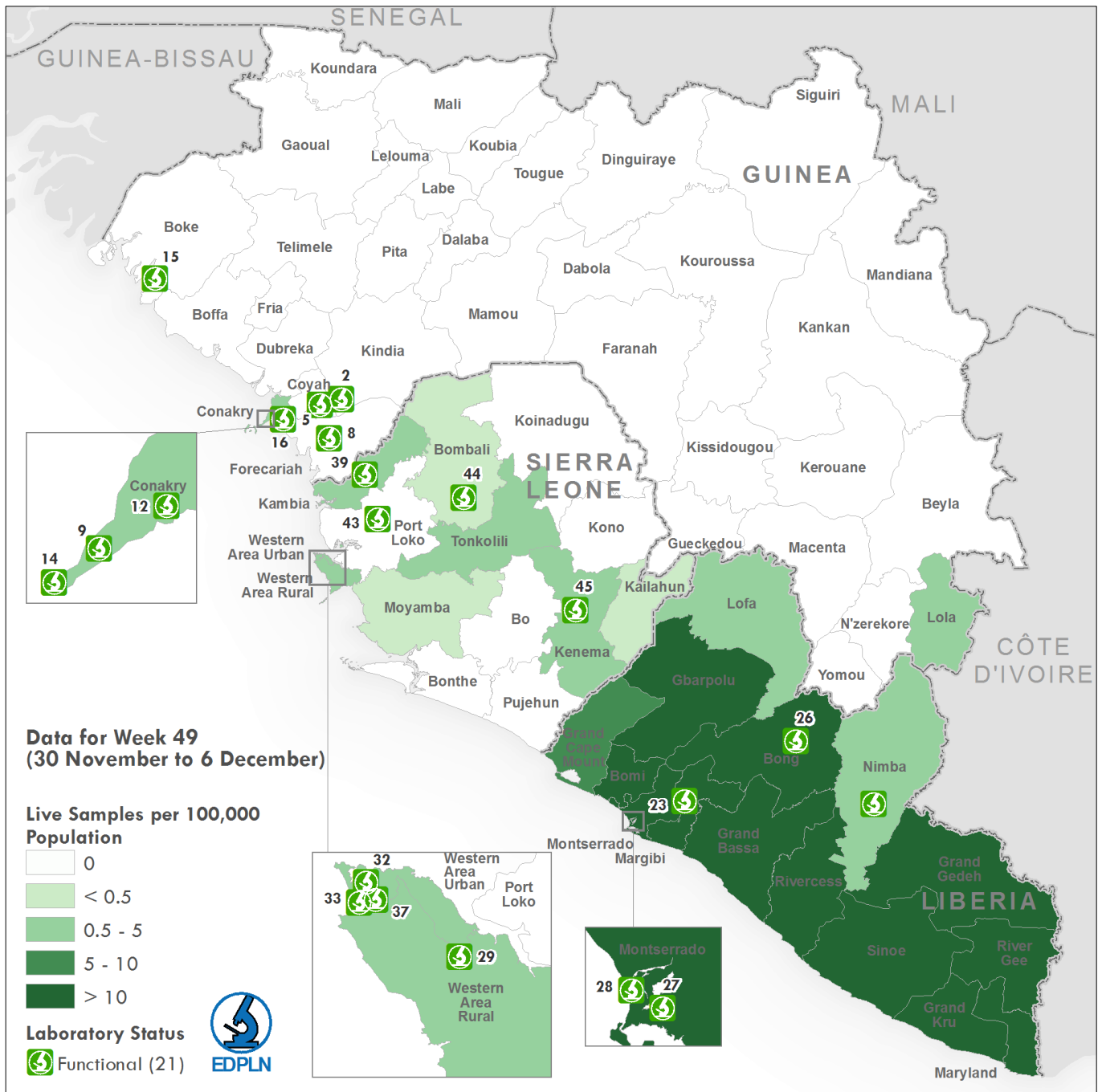
Table 6: Key surveillance indicators for phase 3 objective 2 in Guinea, Liberia, and Sierra Leone

Indicator		
	Week 40	Week 49
Guinea		
Number of alerts (those for febrile illness in light blue and for community deaths in dark blue)		19,864
Number of new and repeat samples tested (those from live patients in light blue and from dead bodies in dark blue)		582
Liberia		
Number of alerts	Data not yet compiled	
Number of new and repeat samples tested (those from live patients in light blue and from dead bodies in dark blue)		1020
Sierra Leone		
Number of alerts (those for sick people in light blue and for community burials in dark blue)		1420
Number of new and repeat samples tested (those from live patients in light blue and from dead bodies in dark blue)		1363

For definitions of key performance indicators see Annex 1. Week 40 commenced 28 September. Week 49 ended 6 December.
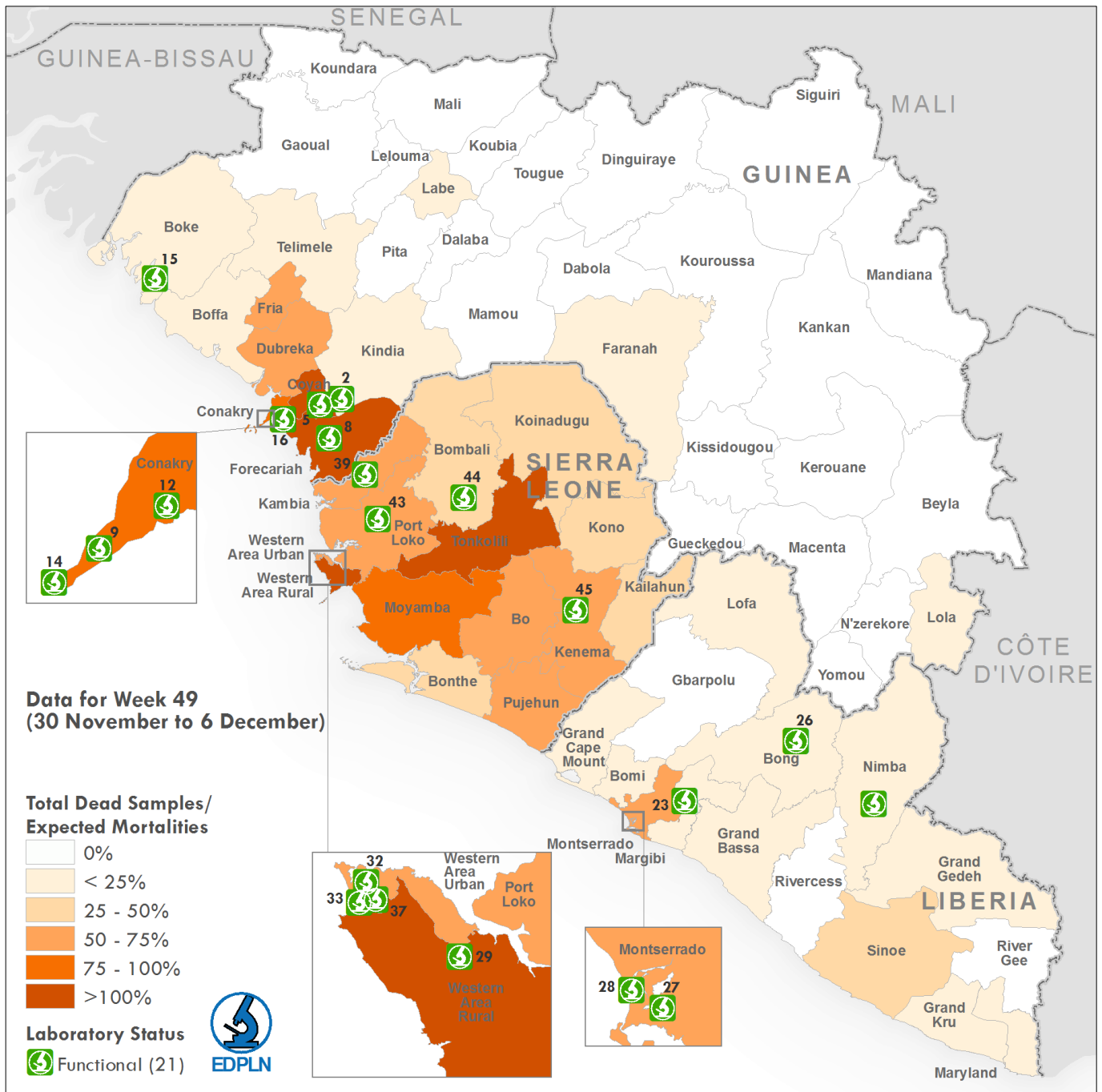
Figure 4: Location of laboratories and geographical distribution of samples from live patients in Guinea, Liberia, and Sierra Leone in the week to 6 December 2015

The analysis includes initial and repeat samples but excludes samples with unknown and incorrect testing weeks and samples with unknown or incorrect location information. EDPLN=Emerging and Dangerous Pathogens Laboratory Network. The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement. 2=CREMS Lab – Kindia; 5=EU Mobile Lab – Coyah; 8=K-Plan Mobile Lab – Forecariah; 9=IP Dakar – Conakry; 12=REDC Lab – Conakry; 14=K-Plan Mobile Lab – Conakry; 15=Boke Mobile Lab; 17=Tappita Lab – Nimba; 23=LIBR National Reference Lab/USAMRIID; 26=OIC-NMRC Mobile Lab Bong; 27=MOH Lab – Montserrado; 28= Redemption Hospital Lab – Monsterrado; 29=China-CDC Lab – Jui; 32=CPHRL/DTRA – Western Area Urban; 33=EMDF/NICD – Western Area Urban; 37=MOH/Emergency – PCMH/Freetown; 39=Nigeria Mobile Lab – Kambia; 43=PH England Mobile Lab – Port Loko; 44=PH England Mobile Lab – Makeni; 45=PH England Mobile Lab – Kenema.

Figure 5: Location of laboratories and geographical distribution of samples from dead bodies in Guinea, Liberia, and Sierra Leone in the week to 6 December 2015


The analysis includes initial and repeat samples but excludes samples with unknown and incorrect testing weeks and samples with unknown or incorrect location information. EDPLN=Emerging and Dangerous Pathogens Laboratory Network. The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement. 2=CREMS Lab – Kindia; 5=EU Mobile Lab – Coyah; 8=K-Plan Mobile Lab – Forecariah; 9=IP Dakar – Conakry; 12=REDC Lab – Conakry; 14=K-Plan Mobile Lab – Conakry; 15=Boke Mobile Lab; 17=Tappita Lab – Nimba; 23=LIBR National Reference Lab/USAMRIID; 26=OIC-NMRC Mobile Lab Bong; 27=MOH Lab – Montserrado; 28= Redemption Hospital Lab – Monserrado; 29=China-CDC Lab – Jui; 32=CPHRL/DTRA – Western Area Urban; 33=EMDF/NICD – Western Area Urban; 37=MOH/Emergency – PCMH/Freetown; 39=Nigeria Mobile Lab – Kambia; 43=PH England Mobile Lab – Port Loko; 44=PH England Mobile Lab – Makeni; 45=PH England Mobile Lab – Kenema.

Figure 6: Time since last confirmed case in Guinea, Liberia, and Sierra Leone
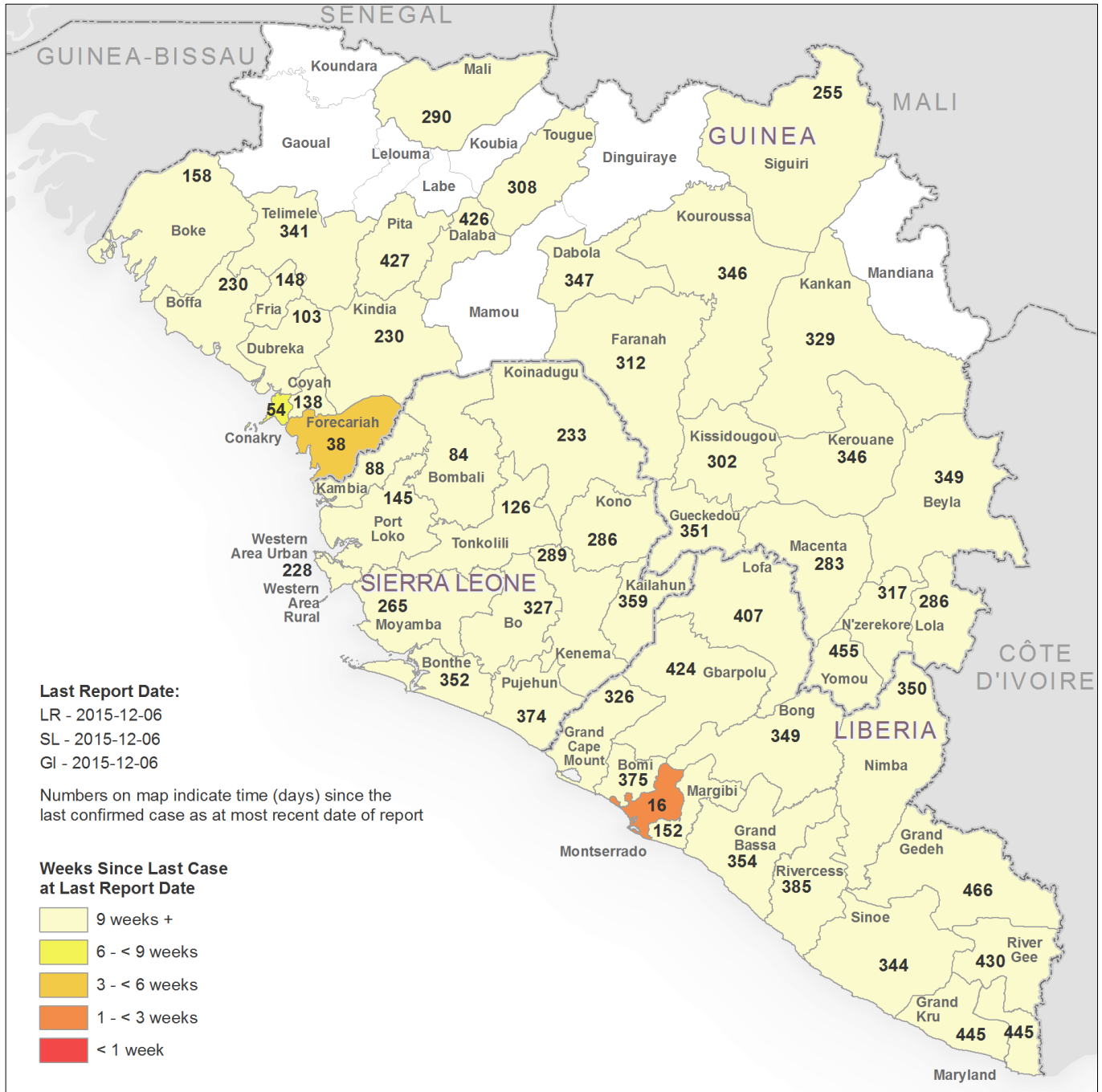
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PREVIOUSLY AFFECTED COUNTRIES

▪ Seven countries (Italy, Mali, Nigeria, Senegal, Spain, the United Kingdom, and the United States of America) have previously reported a case or cases imported from a country with widespread and intense transmission.

PREPAREDNESS OF COUNTRIES TO RAPIDLY DETECT AND RESPOND TO AN EBOLA EXPOSURE

▪ The introduction of an EVD case into unaffected countries remains a risk as long as cases exist in any country. With adequate preparation, however, such an introduction can be contained through a timely and effective response.

▪ WHO's preparedness activities aim to ensure all countries are ready to effectively and safely detect, investigate, and report potential EVD cases, and to mount an effective response. WHO provides this support through country support visits by preparedness-strengthening teams (PSTs) to help identify and prioritize gaps and needs, direct technical assistance, and provide technical guidance and tools.

Priority countries in Africa

▪ The initial focus of support by WHO and partners is on highest priority countries – Côte d'Ivoire, Guinea-Bissau, Mali, and Senegal—followed by high priority countries—Benin, Burkina Faso, Cameroon, Central African Republic, Democratic Republic of the Congo, Ethiopia, Gambia, Ghana, Mauritania, Niger, Nigeria, South Sudan, and Togo. The criteria used to prioritize countries include the geographical proximity to affected countries, the magnitude of trade and migration links, and the relative strength of their health systems.

▪ Since October 2014, technical support has been provided Benin, Burkina Faso, Cameroon, Central African Republic, Côte d'Ivoire, Ethiopia, Gambia, Ghana, Guinea-Bissau, Mali, Mauritania, Niger, Senegal, South Sudan, and Togo through team missions and targeted technical support. Technical working group meetings, field visits, high-level table-top exercises, and field simulations have helped to identify key areas for improvement. Each country has a tailored plan to strengthen operational readiness.

▪ From October 2014 to November 2015, WHO has undertaken over 336 field deployments to priority countries to assist with the implementation of national plans.

▪ WHO provides personal protective equipment (PPE) modules containing minimum stocks to cover staff protection and other equipment needs to support 10 patient-beds for 10 days for all staff with essential functions. PPE modules have been delivered to all countries on the African continent. In addition, all countries have received a PPE training module.

▪ Contingency stockpiles of PPE are in place in the United Nations Humanitarian Response Depots (UNHRD) in Accra and Dubai, and are available to any country in the event that they experience a shortage.

Ongoing follow-up support to priority countries

▪ Following initial PST assessment missions to the priority countries in 2014, a second phase of preparedness-strengthening activities have provided support on a country-by-country basis.

▪ Technical support is provided at the request of the respective ministries of health to strengthen EVD preparedness by operationalizing plans, testing systems, building capacity, and providing technical guidance.

EVD preparedness officers

▪ Dedicated EVD preparedness officers have been deployed to support the implementation of country preparedness plans, coordinate partners, provide a focal point for inter-agency collaboration, offer specific technical support in their respective areas of expertise, and develop capacity of national WHO staff. Preparedness officers are currently deployed to Benin, Burkina Faso, Cameroon, Central African Republic, Côte d'Ivoire, Ethiopia, Gambia, Guinea-Bissau, Mauritania, Niger, Senegal, and Togo.

Training, exercises, and simulations

▪ Priority countries that have achieved a minimum of 50% implementation of preparedness checklist activities are encouraged to test outbreak preparedness and response by undertaking a series of skill drills on elements of an EVD response.

▪ In Mauritania, from 30 November to 4 December 2015, WHO supported the Ministry of Health with a simulation exercise that focused on the coordination and operations of an Ebola treatment centre. Following the simulation exercise, WHO supported the Ministry of Health with risk mapping.

▪ In Togo, rapid-response training for national and regional teams took place from 30 November to 5 December. WHO is also supporting the Ministry of Health with risk mapping from 8 to 15 December.

▪ In Niger, from 14 to 15 December, WHO will support the Ministry of Health with an exercise to simulate the coordination and operations of an Ebola treatment centre, and subsequent risk mapping.

▪ In Central African Republic, from 7 to 12 December, WHO is supporting the Ministry of Health with a logistics capacity assessment and simulation exercise planning.

▪ In Uganda, from 7 to 16 December, WHO is supporting the training of national logisticians in stock management and emergency preparedness and response.

Surveillance and preparedness indicators

▪ Indicators based on surveillance data, case management capacity, laboratory testing, and equipment stocks continue to be collected on a weekly basis from the four countries that share a border with affected countries: Côte d'Ivoire, Guinea-Bissau, Mali, and Senegal.

▪ An interactive preparedness dashboard based on the WHO EVD checklist[1] is available online.

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[1] See: http://who.int/csr/resources/publications/ebola/ebola-preparedness-checklist/en/

ANNEX 1: EBOLA RESPONSE PHASE 3 KEY PERFORMANCE INDICATORS

Indicator	Target	Numerator	Denominator
OBJECTIVE 1: Interrupt all chains of transmission			
Number of confirmed cases	0	# of new confirmed cases	N/A
Number of confirmed deaths and proportion that occurred in the community	0	# of total new confirmed deaths # of new community deaths with positive Ebola virus swab results	N/A
Percentage of new cases from registered contacts	100%	# of new confirmed cases registered as a contact	# of new confirmed cases
OBJECTIVE 2: Prevent/Survivors			
Number and percentage of registered survivors	N/A 100%	# of registered survivors	# of survivors estimated
Percentage of registered survivors accessing basic service package	100%	# of registered survivors accessing basic service package	# of registered survivors
Number of male survivors' semen tested and the percentage positive	N/A 0%	# of male survivors' semen tested positive for Ebola virus	# of male survivors' semen tested for Ebola virus
OBJECTIVE 2: Detect/Surveillance			
Number of alerts	N/A	# of alerts	N/A
Number of samples tested (samples from live and dead suspects)	N/A	# of samples tested for Ebola virus (samples from live and dead suspects)	N/A
OBJECTIVE 2: Respond/Rapid response teams			
Number of functional national and/or sub-national rapid response teams	3 per country	# of national rapid response teams appropriately staffed, equipped, and budgeted	N/A
Number of national simulation exercises conducted		# of national simulation exercises conducted	N/A

ANNEX 2: ALL EBOLA RESPONSE PHASE 3 KEY PERFORMANCE INDICATORS

Indicator	Numerator	Denominator
OBJECTIVE 2: Prevent/Survivors		
Essentials services for survivors agreed	Essentials services for survivors agreed (yes/no)	N/A
Agency-specific responsibilities for survivors agreed under overall ECM/RC coordination	Agency-specific responsibilities for survivors agreed (yes/no)	N/A
Number and percentage of registered survivors compared to estimated number of survivors	# of registered survivors	# of survivors estimated
Percentage of registered survivors accessing basic service package	# of registered survivors accessing basic service package	# of registered survivors
Number of laboratories with capacity for testing semen for Ebola virus	# of laboratories with capacity for testing semen for Ebola virus	N/A
Counselling services, logistic capacity, and procedures in place to ship samples to appropriate laboratory and provide feedback	Counselling services, logistic capacity, and procedures in place to ship samples to appropriate laboratory and provide feedback (yes/no)	N/A
Number of male survivors' semen tested and the percentage positive	# of male survivors' semen tested positive for Ebola virus	# of male survivors' semen tested for Ebola virus
Number of primary healthcare facilities providing essential services for survivors, and their locations	# of primary healthcare facilities providing essential services for survivors	N/A
Number of referral healthcare facilities for survivors, and their locations	# of referral healthcare facilities for survivors	N/A
Coordination mechanism with WASH partners in place	Coordination mechanism with WASH partners in place (yes/no)	N/A
OBJECTIVE 2: Detect/Surveillance		
Number of alerts	# of alerts	N/A
Percentage of prefectures/ counties/ districts reporting alerts	# of prefectures/ counties/ districts reporting alerts	Total # of prefectures/ counties/ districts
Percentage of live alerts tested for Ebola virus	# of live alerts tested for Ebola virus	# of reported live patients meeting criteria for Ebola virus testing
Percentage of expected community deaths that were reported	# of reported community deaths (*Sierra Leone: # of reported burial alerts*)	# of expected community deaths (= crude mortality * population)
Percentage of reported community deaths that were swabbed and those which were Ebola virus positive	# of community deaths that were swabbed for Ebola virus (*Liberia and Sierra Leone: # of Ebola virus swabs*) # of new community deaths with positive Ebola virus swab results	# of reported community deaths (*Sierra Leone: # of reported burial alerts*)
Number of samples tested (samples from live and dead suspects)	# of samples tested for Ebola virus (samples from live and dead suspects)	N/A
Percentage of prefectures/ counties/ districts providing samples for Ebola virus testing	# of prefectures/ counties/ districts providing samples for Ebola virus testing	Total # of prefectures/ counties/ districts
Number of unsafe burials	# of burials that were re[]o be unsafe	N/A
Number of prefectures/ counties/ districts with at least one security incident or other form of refusal to cooperate	# of prefectures/ counties/ districts with at least one security incident or other form of refusal to cooperate in the past week	N/A
OBJECTIVE 2: Respond/Rapid response teams		
Number of functional national and/or sub-national rapid response teams	# of national and/or sub-national rapid response teams appropriately staffed, equipped, and budgeted	N/A
Time between confirmation of an event and deployment of rapid response team	# of days between confirmation of an event and deployment of the team	N/A
Number of generations of cases and secondary cases after identification of a new index case	# of generations of cases and secondary cases after identification of a new index case	N/A
Number and percentage of prefectures/ counties/ districts with isolation capacity or referral plan of suspect cases	# of prefectures/ counties/ districts with isolation capacity or referral plan of suspect cases	Total # of prefectures/ counties/ districts
Number of national simulations exercises conducted	# of national simulations exercises conducted	N/A
Number of functional international rapid response support teams on stand-by	# of international rapid response support teams on stand-by which are appropriately staffed trained, equipped, and budgeted	N/A
Time between request for international response and deployment of international rapid response support team(s)	# of days between request for international response and deployment of international rapid response support team(s)	N/A
Number of international simulation exercises conducted	# of international simulation exercises conducted	N/A